

# TSNRP ★ news

## From the Director

FALL/WINTER 2010



Col Marla De Jong

In the Spring/Summer 2010 issue of *TSNRP News*, I mentioned the challenge of further maturing the TriService Nursing Research Program (TSNRP). Recent improvements regarding grant award mechanisms will better enable nurse scientists to produce new military-relevant knowledge and apply evidence to nursing practice.

The grant awards feature longer performance periods and higher direct costs funding limits for some awards, revised scientific merit and programmatic review criteria that are customized to each award, and awards for nurses at all stages of their careers.

TSNRP will offer the following seven research and three evidence-based practice awards during fiscal year 2011:

- The **Military Clinician-Initiated Research Award** supports human subjects research that is clinically focused, carried out by nurse clinicians under the mentorship of an experienced nurse scientist, and conducted in an inpatient unit or outpatient clinic of a single military medical facility.
- The **Graduate Research Award** supports a dissertation or thesis research study.
- The **Novice Investigator Award** supports research that is modest in scope or the first phase of a larger study and is conducted by a military nurse scientist who has limited research experience.
- The **Exploratory Research Award** supports preparatory investigations that have the potential to lead to larger, more comprehensive, and more expensive studies that either are on the same topic or follow from critical discoveries or advancements made by the preparatory investigation.
- The **Career Development Award** supports mentored research training for experienced nurse scientists. The goal is to expand the nurse scientist's research skill set and further his or her research career.
- The **Fast Track Award** supports research that investigates an emerging threat, time-sensitive question(s), or Service-directed question(s) regarding military nursing clinical practice, education, management, and/or policy.
- The **Investigator-Initiated Award** supports research that furthers the broad research priorities and strategic goals of TSNRP.
- The **Graduate Evidence-Based Practice (EBP) Award** supports a capstone or equivalent project that implements the principles of EBP in order to appraise and translate theory and evidence into practice and/or policy.
- The **Conceptual Guideline Development EBP Award** supports the development of one or more evidence-based clinical practice guidelines (CPGs) to help clinicians make important decisions that improve clinical outcomes, standardize patient care, and promote cost-effective care.
- The **Implementation of Innovation EBP Award** supports the implementation and evaluation of one or more evidence-based CPGs to help clinicians make important decisions that improve clinical outcomes, standardize patient care, and promote cost-effective care.

This array of grant awards makes it possible for military nurse scientists to attain a continuous source of extramural funding. Through these awards, nurse scientists can develop increasingly sophisticated programs of research that are unique to the military and critical to the health of military members and their families.

Col Marla De Jong, USAF, NC, PhD



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## In This Issue:

Special Topics .....	2
Awards and Honors .....	5
Research Spotlight .....	6
Educational Programs .....	10

### RADM Elizabeth Niemyer Joins Executive Board

TSNRP warmly welcomes RADM Elizabeth Niemyer, NC, USN, to its Executive Board of Directors.

In a ceremony on 27 August 2010, she was promoted to Rear Admiral (Upper Half) and appointed as the 23rd Director of the Navy Nurse Corps by VADM Adam M. Robinson, Jr., Surgeon General of the Navy.

RADM Niemyer joined the U.S. Navy in 1981. In her distinguished career, she has held numerous clinical nursing and nursing leadership positions at the National Naval Medical Center, Bethesda, Maryland; Naval Medical Clinic Quantico, Virginia; and Naval Hospital Camp Pendleton, California. As a lieutenant commander, she was transferred to the U.S. Naval Hospital in Okinawa, Japan, as the risk manager. During this tour, she earned a master of science degree in human resource management from Chapman University. Following her Okinawa assignment, she was selected to attend graduate school at San Diego

State University as a full-time student in the Education and Training Management Subspecialty Program. She earned a master of arts in education degree with an emphasis in education technology in 1994 and transferred to Naval Hospital Camp Pendleton as the department head for staff education and training.

RADM Niemyer has held executive positions at the National Naval Medical Center, Bethesda, as the director for managed care; U.S. Naval Hospital Rota, Spain, as the executive officer and commanding officer; TRICARE Area Office—Europe as the executive director; Bureau of Medicine and Surgery as the assistant deputy chief of staff for operations; and TRICARE Regional Office—West as the regional director.

She is a graduate of the Naval War College, Non-Resident Program.

RADM Niemyer's personal decorations include the Defense Superior Service Medal (Bronze Oak Leaf),



RADM Elizabeth Niemyer

Legion of Merit Medal (Gold Star), Meritorious Service Medal (Gold Star), Navy Commendation Medal, Navy Achievement Medal, and National Defense Medal (Bronze Star).

TSNRP looks forward to the contributions that RADM Niemyer will make to nursing research as a member of its Executive Board of Directors. ★

### Call for Mentors

Have you demonstrated superior mentorship and leadership skills and developed an active publication history within the past 5 years? If yes, TSNRP needs you. TSNRP seeks mentors to assist novice military nurse researchers by building a Research Mentor Network.

### Why volunteer?

Mentors not only can help new researchers identify appropriate research questions and

methodologies but also increase the quality of research proposals and grant applications submitted for funding. Through a one-on-one relationship, you can significantly impact the research trajectory of a novice military nurse scientist as well as broaden your research community network.

### Applicant requirements

- Must be a U.S. citizen or permanent resident and hold a doctorate in nursing from a university within the United States.

- Must be currently engaged in nursing science research.

### How to apply

E-mail the following materials to TSNRP at [tsnrp@usuhs.mil](mailto:tsnrp@usuhs.mil):

- A memo with a brief explanation of your research focus and methodology expertise, along with an explanation of why you wish to work with military nurse scientists.
- Your curriculum vitae.
- A letter of recommendation.



## TriService Nurse Scientists Partner with Veterans Affairs to Improve Military Women's Health

LTC Lori L. Trego, AN, USA, PhD

The Women In Military Service For America Memorial at Arlington National Cemetery in Virginia, across from the Memorial Bridge in Washington, D.C., was an inspirational setting in which to begin three days of collaborative work with the U.S. Department of Veterans Affairs (VA) Health Services Research and Development Service (HSR&D). The current exhibit of “American Servicewomen in the Global War on Terror” reminded us with every step that women in the military are diverse, have extremely different experiences, and have unique, far-reaching health care needs. Realizing that acute issues and preventable disease while on active duty can affect women's future health, the TSNRP Women's Health Research Interest Group (WHRIG), consisting of LTC Nancy Steele, AN, USA; LTC Lori Trego, AN, USA; CAPT Jacqueline Rychnovsky, NC, USN; and Lt Col (sel) Candy Wilson, USAF, NC, contacted the VA HSR&D and began developing a “Women in the Military Research Agenda” similar to the VA's Women's Health Research Agenda.

In July, the WHRIG team was invited to the VA Women's Health Services Research Conference: “Building the Evidence Base to Improve Healthcare Outcome for Women Veterans.” Our attendance had a twofold purpose: (1) to present our collaborative efforts with the VA to develop the “Women in the Military Research Agenda” and (2) to take part in setting the 2010 agenda for VA women's health research. CAPT Rychnovsky

and Lt Col (sel) Wilson contributed to “Moving VA Research Forward in Key Priority Areas” on the agenda in the reproductive health working group, and LTC Trego contributed to the post-deployment health working group. These contributions solidified a growing two-year relationship with the VA in which we have worked toward a common goal—to improve

*The current exhibit of “American Servicewomen in the Global War on Terror” reminded us with every step that women in the military are diverse, have extremely different experiences, and have unique health care needs that are far reaching.*

health care for military and veteran women through research that addresses the gaps in current knowledge and health care needs.

LTC Trego, CAPT Rychnovsky, and Lt Col (sel) Wilson, along with Project Director Megan Foradori, attended 3 days of meetings with representatives from the VA to create an action plan to implement the VA model of developing a research agenda. On behalf of the WHRIG agenda project team, LTC Trego gave a presentation

on the project during the conference that was well received and stimulated much affirmation of need from our VA research peers. Leaders for the VA HSR&D, including Elizabeth Yano, PhD, MSHP, co-director and research career scientist for the VA HSR&D Center of Excellence for the Study of Healthcare Provider Behavior, and Patricia Hayes, PhD, chief consultant for Women Veterans Health Strategic Healthcare Group, were present to lend support to the collaborative efforts of research scientists from the VA and TSNRP. Bevanne Bean-Mayberry, MD, MPH, investigator for the Greater Los Angeles HSR&D Center of Excellence and the primary author of the 2010 VA Women's Health Systematic Review of Literature, shared resources and assisted the team in planning our own review of military-specific literature.

To share the research efforts of TriService nurse scientists, CAPT Rychnovsky and Lt Col (sel) Wilson presented posters on “Postpartum Depression in Military Women” and “The Sex Differences of Iron Status in Deployed Military Members,” respectively. Thanks to this experience, valuable connections were made and future research efforts can be more focused on the continuum of care for military women from the Military Health System to the VA health care system.

*LTC Lori L. Trego, AN, USA, PhD, is acting chief of the Pacific Regional Medical Command Nursing Research Service. ★*

## Air Force Nurse Corps Introduces Nursing Research and Acquisition Fellowship

Col Karen L. Weis, USAF, NC, PhD

This summer, the Air Force Nurse Corps introduced a nursing research and acquisition fellowship to provide research immersion and networking opportunities for nurses interested in research. The fellowship will help nurses understand Air Force research requirements and science and technology development within the Air Force Research Laboratory, identify personal research interests, and establish collaborative relationships to pursue those interests. It also will create a cadre of nurses across the Air Force who understand Air Force research, science, and technology and the Air Force Medical Service's role in expanding the body of knowledge related to aerospace and cyberspace medicine and nursing. The

developmental plan for the fellowship highlights activities within Air Force clinical and operational research and strategic plans and programs.

The 711th Human Performance Wing (HPW) and the San Antonio Military Medical Center (SAMMC) provide diverse resources that lay the foundation for the fellowship. The 711th HPW, part of the Air Force Research Laboratory, works to optimize and protect airmen's abilities to fly, fight, and win in air, space, and cyberspace. It is the first human-centric warfare wing to consolidate research, education, and consultation. SAMMC's North Campus, Brooke Army Medical Center, provides robust training and research opportunities as a Level I trauma center with an

*Capt Rowena Faner, the program's first fellow, will spend the next year with experts in undersea and hyperbaric medicine, aerospace medicine, and inpatient and outpatient nursing.*

internationally recognized burn center. Its South Campus, Wilford Hall Medical Center, is being converted into the Department of Defense's largest full-service ambulatory care center. This environment provides immense opportunities for evaluating inpatient and outpatient staffing models, addressing quality indicators, and building understanding of the use of evidence-based practices across the spectrum of military medicine.

Fellows will be part of a team determining the Air Force Medical Service's research priorities for fiscal years 2011–2015 and will participate in projects that will enable them to conceptualize global research requirements. Additionally, fellows will complete Level I acquisition training. Following the fellowship, fellows will be assigned to the 711th HPW Plans and Programs Division for 2 years.

The first fellow, Capt Rowena Faner, USAF, NC, was competitively selected and began her 1-year fellowship in August. During the course of the next year, Capt Faner will spend time with experts in undersea and hyperbaric medicine, aerospace medicine, and inpatient and outpatient nursing. ★

### Recent Promotions

The following military nurse scientists have been promoted in military rank. Please join us in extending congratulations to these exceptional military nurses.

Sara Breckenridge-Sproat to COL (Army)

Betty Garner to LTC (Army)

Elizabeth Mann to LTC (Army)

John Maye to CAPT (Navy)

Brenda Morgan to Lt Col (Air Force)

Ann Nayback-Beebe to LTC (Army)

Kathy Prue-Owens to COL (Army)

Angela Simmons to LTC (Army)

### Recent Retirements

CAPT Linnea Axman (Navy)

COL Michael Custer (Army)

Col John Murray (Air Force)

COL Richard Ricciardi (Army)





## Two Nurse Scientists Inducted in American Academy of Nursing

Congratulations to LTC (ret) Deborah Kenny, AN, USA, PhD, and Col Karen L. Weis, USAF, NC, PhD, RN, who will be inducted as Fellows in the American Academy of Nursing (FAAN) during the Academy's 37th Annual Meeting and Conference on 13 November 2010. LTC Kenny and Col Weis were selected in recognition of their sustained and far-reaching professional accomplishments. This honor is one of the most prestigious achievements in the nursing profession. In addition, induction includes the responsibility to continue contributing to the profession and enhancing the quality of health care nationally and internationally. More than 1,600 nurse leaders in education, management, practice, policy, and research are members of the Academy.

Dr. Kenny earned a PhD in nursing from the University of Massachusetts in 2002 and currently is the associate dean of research and an associate professor at the Beth-El College of Nursing and Health Sciences at the University of Colorado at Colorado Springs. She served almost 24 years in the U.S. Army Nurse Corps, holding numerous clinical, management, and research positions. Dr. Kenny served as TSNRP's Executive Director from 2006 to 2009. Some of her notable accomplishments include:

- Contributing to an international Knowledge Utilization Colloquium, comprised of world-renowned, multidisciplinary experts in knowledge translation and evidence-based practice.
- As TSNRP's former Executive Director, significantly affecting the future of military nursing research by obtaining permanent funding for the program beginning in 2009.



LTC (ret) Deborah Kenny

- Receiving the first Carole Schoffstall Endowed Professorship at Beth-El College of Nursing and Health Sciences at the University of Colorado at Colorado Springs.
- Serving as a consultant and qualitative researcher for a multidisciplinary resiliency study for service members with post-traumatic stress disorder.
- Serving as a reviewer for numerous nursing journals and review committees.

Col Weis earned a PhD in nursing from the University of North Carolina in 2006 and currently is dean of the U.S. Air Force School of Aerospace Medicine at Brooks City-Base, Texas. She has held numerous nursing leadership positions during her 24-year career and has been a proponent and leader of interdisciplinary research efforts and the advancement of nursing research across the Air Force Medical Service. Some of Col Weis's outstanding accomplishments include:

- Serving as consultant for nursing research to the Air Force surgeon general.
- Standing up the Office of the Dean within the U.S. School of Aerospace Medicine.



Col Karen L. Weis

- Developing a formalized Curriculum Review Committee and an Associate Dean Council.
- Piloting the Mentors Offering Maternal Support program at the Air Force's largest base having the largest deployment mission. The program was recognized as a "best practice" by the command surgeon.
- Authoring "Birth of a Mother," a manual encompassing distinct dimensions of maternal adaptations for wives of military service members.
- Developing a strategic plan for Air Force nursing research that included the development of nursing research cells and priorities.
- Overseeing the training of more than 7,000 students annually at the world's largest program for training aerospace medicine teams.
- Managing the daily operations and sustainment of the Franzello Aerospace Medicine Library, an international reference library for aerospace medicine. ★

### Battlefield Medical Research Brings Innovation, Seeks Answers

LTC Leigh K. McGraw, AN, USA, NP-C, PhD

*"I have an almost complete disregard of precedent and a faith in the possibility of something better. It irritates me to be told how things have always been done. I defy the tyranny of precedent. I go for anything new that might improve the past." —Clara Barton (1821-1912)*



Challenging the status quo and thinking “there must be a better way” are cornerstones in the foundation for critical inquiry in medical research. The Joint Combat Casualty Research Team (JC²RT) in Afghanistan supports the timeless question of “Why?” Our mission is simple and clear and remains unchanged from its inception four years ago: foster and facilitate mission-relevant research, performance improvement, and evidence-based practice in the United States Central Command geographic area of responsibility. The mission focus is trauma and combat casualty care research. The personnel focus is on all soldiers, sailors, airmen, and marines who deploy into the combat zone, sacrificing time with their friends and family, and in some cases sacrificing their lives, to protect the freedoms of our great nation. Our research efforts support them if they become injured as they engage the enemy and support the Afghan population “outside of the wire.” The JC²RT staff contribute to research protocols in theater that examine medical care delivered, from protocol development through conduct of a protocol. The research paves the path for improvements in battlefield injury treatments, guided by best practices that are evidence-based in an effort to minimize morbidity and mortality of wounded warriors. Advances in medicine in a combat environment are not unique or novel;

it is well-documented that medical treatments and clinical practice guidelines used in military and civilian practice are developed and refined in times of war. Indeed, battlefield medical care of devastating injuries to the body and psyche drives many of the ideas for projects that arrive at the JC²RT headquarters at Bagram Airfield and the JC²RT satellite at Kandahar Airfield.

The staff of the JC²RT screen nearly 400 records each month for inclusion criteria in support of several protocols from the U.S. Army’s Institute for Surgical Research at Fort Sam Houston, Texas. Data are extracted from inpatient records for protocols such as “Damage Control Vascular Surgery in a Combat Support Hospital” (principal investigator [PI]: LTC Charles Fox, USA, MD, MC) that seek to capture the outcomes of patients with limb injuries who have vascular repairs in theater; survival and neurologic outcomes are tracked in the “Combat Resuscitative Thoracotomy” (PI: LTC Christopher White, USA, MD, MC) protocol. Each record tells a compelling story of an injured service member and the medical challenges he or she faces from the point of injury through medical transport to Landstuhl Regional Medical Center, Germany. The stories are truly awe inspiring; indeed, these brave men and women are great American heroes. Some stories are unforgettable: the patient with the

unexploded ordnance in his scalp who gained national news coverage, patients who were revived from their pulseless presentation in the emergency department, or patients who pulled out of almost every conceivable complication stable enough for transport to Germany. Not all patient records tell a good news story; that is the nature of battle and the business of war. Observing the solemn Fallen Comrade Ceremony, with lines of service members standing at attention, saluting the casket of a fallen service member as the final journey home begins, is a reminder of the stark reality of war. Despite our efforts to find better ways to care for injuries, some patients simply do not survive. And it is heartbreaking.

Kandahar and Bagram are sites of the TSNRP-funded protocol, “Arterial Based and Noninvasive Functional Hemodynamic Indices in Combat Trauma Resuscitation” (PI: Col Elizabeth Bridges, USAFR, NC, PhD, RN). One objective of this study is to use the noninvasive Masimo-7 monitor to assess the hemodynamic response of critically injured patients during resuscitation efforts. The routine has become familiar as we enter the 6th month of our rotation on the JC²RT: secure weapon; don scrubs; and check the board for incoming patients who will arrive on a fixed wing aircraft, accompanied by the Air Force’s Critical Care Air Transport Team or via the Army’s



rotary wing medical evacuation transport. When the trauma page comes, a sea of health care professionals descends upon the trauma bay, where the “organized chaos” begins. The ability of the physicians, nurses, and technicians to make rapid-fire decisions and work in synchrony in what seems to be a flurry of activity at times is remarkable. When patients are enrolled in the study, they are followed from the trauma bay to the CT scanner and into the operating room, where we may remain with the patient for several hours before transfer to the intensive care unit (ICU). In a rehearsed and precisely timed exercise, we execute the protocol mission, carefully documenting medication, fluid and blood product administration, and the patient’s physiologic response captured on the monitors, as the patient transitions from the trauma bay to ICU. Some of the service members who reach this point would not have survived in previous conflicts. Unquestionably, some have a long road of rehabilitation ahead, but advances in the initial management of battlefield injuries as well as technologic devices will allow these service members to return home.

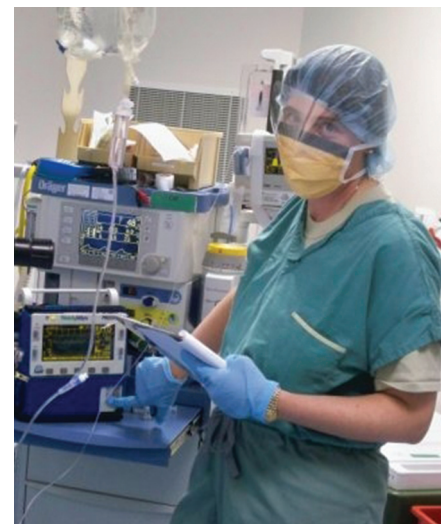
Just as the mission and landscape change based on the dynamic nature of war, so does research and process improvement, with top priority shifting to projects that are of great importance to military medicine. The findings of the CRASH-2 study (“Effects of tranexamic acid on death, vascular occlusive events, and blood transfusion in trauma patients with significant haemorrhage [CRASH-2]: A randomised, placebo-controlled trial”), published in the June issue of *The Lancet*, generated interest in the current use of tranexamic acid (TXA) in theater. No U.S. hospitals



LCDR Russ Linderman, USN, MSC, verifies that a graphic strip recording captured accurate information for a research subject in a hemodynamic study at Kandahar, Afghanistan.

participated in the study; however, TXA is used in the current theater of operations at the British hospital at Camp Bastion for damage control resuscitation. This noteworthy and timely topic presented the JC<sup>2</sup>RT staff with a unique prospect of collaboration with multidisciplinary staff at Bastion and Bagram to examine outcomes of patients requiring massive transfusions and TXA administration. The process improvement project “Evaluation of Tranexamic Acid Administration in Combat Casualties” was borne of this partnership. By examining current practices, this project has great potential to refine current TXA administration as well as identify the patients who are most likely to benefit from its use. Being a part of such innovative work is a tremendous opportunity to contribute to the war effort.

Our footprint started in Baghdad in 2006 and then expanded to Balad, Bagram, and Kandahar. As the war efforts change, so does the team’s footprint; the JC<sup>2</sup>RT is expected to expand to Camp Dwyer, Afghanistan,



Maj Jennifer Hatzfeld, USAF, NC, collects data from a critically injured patient at the Role 3 operating room in Kandahar, Afghanistan.

in 2010. As the U.S. military continues to engage in counterinsurgency and counterterrorism missions worldwide, we will continue to see individuals we support and advocate for be deployed. Assuredly, where there are service members, the mission of the JC<sup>2</sup>RT will continue and the passion we bring to the in-theater research program will follow. ★





# Management of Superficial Shrapnel Wounds: An Evidence-Based Project in the Combat Zone

LCDR Linda Pozek, NC, USNR, LT Domenica Carrier, NC, USNR,  
and Maj Jennifer Hatzfeld, USAF, NC

### Team Members:

- LT Domenica Carrier, NC, USNR
- LT (N) Michele Gurnsey, CF (Canada)
- Maj Jennifer Hatzfeld, USAF, NC
- LTJG Meredith Keller, NC, USN
- LT Rina Koopman (Netherlands)
- Lcdr Linda Pozek, NC, USNR
- LT Cheri Smith, NC, USN
- LT Christine Staszek, NC, USN
- LT Stacy Syrstad, NC, USN

Nurses in the combat zone not only provide exceptional nursing care for combat casualties but also are in a unique position to identify specific gaps in existing clinical practice guidelines (CPGs). Although they face numerous challenges, these nurses evaluate and apply critical thinking skills to determine effective treatment for a given injury. They incorporate a synergistic model of patient-centered care for the improved treatment of combat casualties.

During June 2010, a group of nurses at the U.S. Navy–led Role 3 Hospital at Kandahar, Afghanistan, met to

discuss the possibility of beginning an evidence-based project to address the treatment of superficial shrapnel wounds, often referred to as “peppering.” The members represented three countries (United States, Canada, and the Netherlands) and were assigned to the intermediate care ward, intensive care unit, operating room, trauma treatment team, and the Joint Combat Casualty Research Team.

The project’s objective was to develop a CPG for the management of multiple superficial shrapnel injuries in the combat setting. Many of the existing CPGs focus on the surgical and medical management of the critically injured trauma patient and less often provide nursing-specific guidance for managing patients with injuries that are considered less critical.

The team recognized that many patients arrived at the trauma bay with peppering shrapnel wounds, but there was little direction as to what the nursing staff could

independently do for these injuries. From the initial assessment and management in the trauma bay to the management of the wounds during perioperative periods, as well as for those patients who did not require surgical intervention, there were no guidelines. Because of the long-term effects of soft-tissue shrapnel wounds, the group also felt it was important to address these injuries more holistically, including pain management, nutrition, and emotional support. Compounding the issue were the dynamics of caring for the wounded warrior and the local Afghan population.

The team reviewed existing Joint Theater Trauma System CPGs that address the management of peppering shrapnel wounds. Three related CPGs were identified, including “Initial Management of War Wounds: Wound Debridement and Irrigation,” “Guidelines to Prevent Infection in Combat-Related Injuries,” and “Nutrition Support of the Traumatically Injured Patient,” but there was limited direction provided to nursing staff. The group also conducted a review of current literature to synthesize evidence. The major challenge with this effort was that little has been published about peppering shrapnel wounds, so the team had to expand the search terms to include the management of puncture wounds and soft-tissue injuries.

## Tell Us About an Event

You can submit information about an event (e.g., conference or poster session) or other opportunity (e.g., call for abstracts or call for volunteer reviewers) for publication on our Web site. Just visit *Tell Us About an Event* in the Contact Us menu option at [www.usuhs.mil/tsnnp](http://www.usuhs.mil/tsnnp), complete the form, and submit it electronically to TSNRP for review. If your submitted event information meets content and appropriateness criteria, it will be posted on our Web site.





*Although they face numerous challenges, these nurses evaluate and apply critical thinking skills to determine effective treatment for a given injury. They incorporate a synergistic model of patient-centered care for the improved treatment of combat casualties.*

Based on the results from the literature review, and in consultation with the intensivists, surgeons, and pharmacists at the hospital, the team wrote a draft that external experts will review before final submission to the Joint Theater Trauma System.

A performance improvement project also is planned to collect data on interim outcomes before and after the adoption of the CPG. Data will be collected on initial wound irrigation by the nursing staff in the trauma bay, subsequent dressing care, wound assessments, and documentation of emotional support.

There were certainly some challenges with conducting this evidence-based project in a combat zone. Limited computer access and Internet connectivity made the review of literature next to impossible. But with assistance from the library at the U.S. Army Institute for Surgical Research, the team was able to access the necessary documents. As with any effort led by clinical nurses, there also was the challenge of balancing the project with patient care. With increasing operations tempo and the occasional mass casualty, this challenge was even more pronounced, and work

on this project often was delayed or postponed. Still, the team stayed committed to seeing this project through to completion, working on the project between patients or during scheduled time off.

Was it worth it? The effectiveness of this evidence-based project certainly will be measured in the data collected in the performance improvement project. It is expected that the outcomes will improve because the elements of the CPG are based on established evidence. Additionally, it is expected that the confidence of the nursing staff caring for peppering shrapnel wounds will increase with the introduction of the CPG. Most important, this project has provided this group of dedicated nurses with a sense of accomplishment, contributing to a legacy of improved combat casualty care. Despite the additional work, those results are priceless. ★

## Know Your Specialty Leaders

Your specialty leaders are a valuable resource for current research requirements and initiatives throughout the military, the U.S. Department of Defense, and the Federal Nursing Services Council.

### U.S. Army

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### Eleventh Annual Post Award Grants Management Workshop

The Eleventh Annual Post Award Grants Management Workshop was held in Baltimore, Maryland, on 25–27 August 2010. Coupled with the attractive setting of the Inner Harbor and perfect weather, it was a great learning experience for participants, faculty, and TSNRP staff. Nine recently funded novice principal investigators (PIs), four project directors, and two grants management professionals convened to learn about managing federally funded research studies and evidence-based practice (EBP) projects. The three major areas of emphasis included grants management in the federal system, human and animal subjects protections, and report writing and publication. The overall objective was that PIs and their teams would leave knowing the essentials of grants management and that TSNRP is a resource and collaborator to help ensure the success of their research or project.

TSNRP Executive Director Col Marla De Jong, USAF, NC, opened the workshop with a presentation about TSNRP's history and evolution, mission and research priorities, and fiscal year 2011 grant awards. For the past several years, Edward Levin, JD; Lt Col (ret) Joseph Schmelz, USAF, NC; and CAPT Janet Pierce, NC, USNR, have served as expert faculty for this workshop. There is truth to any proverb about finding a great deal and staying with it. Mr. Levin, former chief counsel to the U.S. Economic Development Administration, gave a spirited presentation on "Grants Management in the Federal System." The concentrated content emphasized the history of grant awards, Office of Management and Budget Circulars, federal and U.S. Department of Defense (DoD) research regulations,

and their impact on the conduct of federally funded research and projects. Mr. Levin made the content manageable and relevant to each attendee. The day concluded with case studies and presentations by TSNRP staff, who discussed specific processes and mechanisms by which TSNRP complies with and enforces federal regulations.

*"The grants management workshop not only provided invaluable information regarding the TSNRP process and policies, but it also gave me face time with my individual grant manager. This is a benefit that none of my PhD student colleagues have. Thank you, TSNRP!"*

—MAJ Terri Yost, AN, USA, PI

On day two, Lt Col (ret) Schmelz, director of regulatory programs at the University of Texas Health Science Center at San Antonio, discussed "Human and Animal Subjects Protections." He outlined the historical perspectives on the ethical treatment of research subjects and described how the rights and treatment of research subjects evolved over time to the systems in place today. In addition, he discussed current and pertinent federal and DoD regulations and guidelines. Ever well prepared, Dr. Schmelz was knowledgeable about each PI's study or project, and provided specific feedback to each participant. The TSNRP

staff finished the day by presenting practical "nuts and bolts" information intended to help the participants protect human and animal subjects and meet TSNRP-specific institutional review board and institutional animal care and use committee requirements.

On the third day, CAPT Pierce, professor at the University of Kansas School of Nursing, taught participants the importance of interim, annual, and final reports. CAPT Pierce, who has received TSNRP funding for several studies and is widely published, shared strategies to efficiently prepare required TSNRP reports and articles for publication in peer-reviewed journals. Her interest in each PI's study or project was evident through her dialogue and presentation. TSNRP staff members concluded the workshop by outlining final report submission and editorial processes and other close-out procedures, right down to the awarding of a congratulatory coin that acknowledges the end of a successful study or project.

As the following comments indicate, attendees learned critical information, benefited from interactions with TSNRP staff and colleagues, and met all objectives of the workshop.

"The tremendously supportive TSNRP staff and professional speakers at the Grants Management Workshop have definitely prepared us for success in executing our grants."

—LTC (ret) Thomas Ceremuga, AN, USA, PI

"The guest speakers were outstanding, and the TSNRP team was fun, friendly, and helpful. Thank you for the opportunity."

—Dana Kapla, Grants and Contracts Manager, The Geneva Foundation



**Post Award Grants Management Workshop participants, faculty, and TSNRP staff.** First row: Pamela Moses, Elsa Camou, Claudia McGuire, MAJ Terri Yost, MAJ Leilani Siaki, Debra Chambliss, and Col (ret) Laura Talbot. Second row: Deborah Murphy, Brittany Lane, MAJ (ret) Denise Miner-Williams, Jennifer Kretzschmer, and MAJ (P) Elizabeth Mann. Third row: MAJ Donald Kimbler, Lt Col Brenda Morgan, MAJ Kristal Melvin, LTC (ret) Thomas Ceremuga, MAJ Craig Budnich, Dana Kapla, CAPT Janet Pierce, Donna Gentry, and Col Marla De Jong.

“When CAPT Pierce asked each participant to talk about their projects, including measures and target populations, I found this to be exceedingly valuable. It helped me to see the

variety of topics TSNRP supports and to identify future collaborators.”

—MAJ Kristal Melvin, AN, USA, PI

“The Post Award Workshop has been invaluable because it enabled me to

meet the people with whom I interact and to truly understand the processes and relationships that undergird the studies and grants that I support.”

—Deborah Murphy, Research Coordinator ★

## Calendar

### November 2010

#### Grant Applications for FY 2011 Funding Cycle A

due at TSNRP 3 November

### December 2010

#### Letters of Intent for FY 2011 Funding Cycle B

due at TSNRP 7 December

### January 2011

#### Scientific Merit Review Meeting

6–7 January  
Silver Spring, Maryland

### February 2011

#### Grant Applications for FY 2011 Funding Cycle B

due at TSNRP 1 February

#### Southern Nursing Research Conference

16–19 February  
Jacksonville, Florida

#### Advisory Council Meeting

date TBD  
location TBD

### March 2011

#### Scientific Merit Review Meeting

17–18 March  
Silver Spring, Maryland

#### Eastern Nursing Research Society: Informing Health Policy Through Nursing Science

23–25 March  
Philadelphia, Pennsylvania

#### Midwest Nursing Research Society: Optimizing Environment for Health

24–27 March  
Columbus, Ohio

#### Pacific Institute of Nursing: Advancing Practice, Education, & Research

30 March–1 April  
Honolulu, Hawaii

### April 2011

#### Western Institute of Nursing: Transition in Care: Unifying Practice, Education, & Research to Improve Health

13–16 April  
Las Vegas, Nevada

#### National Teaching Institute & Critical Care Exposition

30 April–5 May  
Chicago, Illinois



## Guide to the New NIH Format for TSNRP Grant Submissions

CAPT (ret) Marguerite T. Littleton-Kearney, NC, USNR, PhD, FAAN

### The Challenge

Earlier this year, the National Institutes of Health (NIH) implemented a shortened grant application format, which TSNRP and other grantee organizations have adopted. In the shortened version, you must convince a review panel in 13 pages that your research or evidence-based practice (EBP) project has scientific and technical merit, is innovative and relevant to nursing research, and aligns with the research priorities of TSNRP (see grant applications information on TSNRP's Web site at [www.usuhs.mil/tsnrp/GrantApplications/callforproposals.php](http://www.usuhs.mil/tsnrp/GrantApplications/callforproposals.php)).

*A well-written Specific Aims section is critical and often contributes to the success of your grant application.*

The shorter page limit constitutes a major conceptual shift for many of us who were used to 25 pages to convey our ideas about our prospective research or EBP project. In a sense, the playing field has been leveled for novice and senior nurse scientists, because all applicants must adjust their thinking and writing style to meet the reduced page limit. In other words, you must describe your research “problem” clearly and succinctly in a manner that grabs the reviewers’ attention, and you must logically outline plans to investigate the problem.

Consequently, every section and component of your application—introduction, specific aims, background, preliminary studies, research or project design, and methods—must be streamlined and focused.

### Meet the Challenge Specific Aims

A well-written Specific Aims section is critical and often contributes to the success of your grant application. Limited to one page, this section must flow logically from the introductory to the closing paragraphs. Use the initial paragraph to clearly outline the knowns and unknowns relative to the problem. Frame a good initial argument to justify the relevance of the grant application to TSNRP research priorities.

In the next paragraph, you must convince the reviewers that the research or project will contribute to solving the problem. Address the rationale for the research questions and outline the overall objectives of the research or project.

Write two to three focused statements in the Specific Aims paragraph that flow logically from each other to give the reviewers a roadmap of how the proposed research or project plan will fulfill the intended objectives. A note of caution: Although the aims may be interdependent, one aim should not depend on the outcome of a previous aim.

Include a final paragraph that addresses why TSNRP should fund your particular grant application.

Highlight detailed and realistic expectations regarding what you will achieve should the application be funded and the research or project be completed.

### Research or Project Plan

The research or project plan details your plan to conduct the study or project. According to the NIH instructions, include subheadings titled Significance and Approach. Two noteworthy changes from previous instructions are that Significance is a separate section and that Approach includes a discussion of relevant background, preliminary data, and research design and methods. Although the new format requires substantially less detail, you must describe adequately the significance of the research or project, the projected investigative plan, and the benchmarks of success.

Grant applications that receive poor scores often inadequately justify the significance of the problem. Despite the stringent page limitations, many experts recommend using from 50 to 66% of the first page (the Significance section) to highlight the significance and magnitude of the problem and to address the positive effect that the proposed research or project will have on understanding or resolving the problem.

In the Approach section, you have approximately 11.5 pages to focus on the remainder of the grant application. If, for example, you include four specific aims, you have 2–2.5 pages per aim to describe the rationale,



the overall research strategies, and planned data analyses.

Consider discussing preliminary data, design, and methods within the context of each aim. Add background information to support the rationale for each aim, which may help reviewers understand the logical flow of the research design based on the preliminary data or the results of previous studies. If similar preliminary data establish the feasibility of success and support several aims,

or if methods are comparable for several aims, it may be more reasonable to write separate sections for preliminary data and methods rather than repeating these for each aim. Summarize the expected findings, including how they will contribute to the objectives of the study, but do not use more than 25% of a page per aim. Finally, avoid the temptation to use the appendix to circumvent the page limits of your research plan.

## Summary

TSNRP adopted the shorter NIH format to encourage more focused grant applications that are less time-consuming for nurse scientists to write and less arduous for reviewers to evaluate. Your challenge is twofold: to identify a military relevant topic that supports the priorities and strategic goals of TSNRP and to communicate the specific aims, significance, and study or project plan concisely in 13 pages. ★

## Resource Center Reaches Out to Nurses Stationed in Europe

Maria Burcroff, Program Manager, TSNRP Resource Center

The TSNRP's Research Development Course draws many participants to San Diego, California, each year as more and more active duty, Reserve, and National Guard military nurses become interested in research. Attendance is a gateway for military nurses who are curious about the research process and who seek additional knowledge regarding how to (1) lead or participate in research, (2) incorporate research into educational and career goals, and (3) base their practice on research. This supports TSNRP's strategic goal to expand the cadre of military nurse researchers.

To open up similar opportunities to nurses assigned in Europe, the Resource Center offered the Research Development Course to nurses billeted at or near Landstuhl, Germany, in the environs of the Landstuhl Regional Medical Center (LRMC), where

many nurses already conduct research. LTC Nancy Steele, AN, USA, PhD, and MAJ (P) Betty Garner, AN, USA, PhD, nurse scientists stationed at LRMC, proved to be great assets, skillfully scouting out potential venues, disseminating information to potential attendees, and assisting with a myriad of logistical questions.

More than 20 military and civilian nurses from Ramstein, Spangdahlem, Stuttgart, and Kaiserslautern, Germany, attended the course. The course was designed and taught by CAPT (ret) Elizabeth Barker, NC, USN, PhD; Col Marla De Jong, USAF, NC, PhD; and LTC (ret) Nancy Ryan-Wenger, AN, USAR, PhD. All are experienced nurse scientists. CAPT Barker is associate professor at The Ohio State University College of Nursing; Col De Jong is Executive Director of TSNRP; and LTC Ryan-Wenger is director of Nursing Research and an investigator at the Center for Innovation in

Pediatric Practice at the Research Institute at Nationwide Children's Hospital.

Course content addressed salient topics, such as identifying a relevant research idea, writing research questions, reviewing the literature, designing research methods, selecting appropriate variables and measures, recruiting and enrolling subjects, managing and analyzing data, and protecting human subjects. Peers and faculty provided constructive feedback for how attendees could develop research ideas into a complete protocol. In addition, military and civilian nurses from LRMC described their ongoing research, including trauma care of wounded warriors. Attendees earned up to 14.5 continuing nurse education contact hours. ★

## Newly Funded Studies

TSNRP recently awarded grants to the military nurse scientists listed below to conduct research or evidence-based practice (EBP) projects on their respective topics. Please join us in congratulating the following military nurse scientists:

### U.S. Army

**LTC (P) Sara Breckenridge-Sproat, AN, USA,** “Building an EBP Mentorship Program to Sustain Bedside Evidence-Based Culture”

**MAJ Craig Budinich, AN, USA,** “Evaluation of a Novel Model of Blast-Induced Traumatic Brain Injury”

**MAJ Donald Kimbler, AN, USA,** “Therapeutic Targeting of P2X7 after TBI”

**MAJ (P) Elizabeth Mann, AN, USA,** “Prediction of Sepsis for the Burn Intensive Care Unit Patient”

**MAJ Felecia Rivers, AN, USA,** “U.S. Army Nurses’ Reintegration and Homecoming after Iraq and Afghanistan”

**MAJ Leilani Siaki, AN, USA,** “Evaluation of a Professional Practice Model in the Ambulatory Care Setting”

**MAJ Terri Yost, AN, USA,** “Qigong as a Novel Intervention for Soldiers with Mild Traumatic Brain Injury”

**LTC (ret) Thomas Ceremuga, AN, USA,** “Effects of Herbal Supplements on PTSD-Induced Changes in Rat Behavior and Brain Gene Expression”

**MAJ (ret) Mary McCarthy, AN, USA,** “A Coaching Intervention to Promote Nutrition and Bone Health in Deployed Soldiers”

**COL (ret) Patricia Patrician, AN, USA,** “Workload Intensity, the Nursing Practice Environment, and Adverse Events”

### U.S. Air Force

**Maj Jennifer Hatzfeld, USAF, NC,** “Understanding and Improving Modifiable Cardiovascular Risks Within the Air Force”

**Lt Col Brenda Morgan, USAF, NC,** “Positive Emotion Gratitude: Impact on Perceived Stress and Psychological Resilience”

**Lt Col (sel) Candy Wilson, USAF, NC,** “Iron Status of Deployed Military Members”

**Lt Col (sel) Candy Wilson, USAF, NC,** “Military Medics’ Insight into Providing Women’s Health Services”

**Col (ret) Laura Talbot, USAFR, NC,** “Electromyostimulation and Strength Walking for Knee Injuries: Nurse Managed Care”

## Recent Graduates

**Lt Col (sel) Susan Dukes, USAF, NC,** recently graduated with a PhD in nursing science from the University of Maryland, Baltimore. Her dissertation title was “Secondary Insults of Traumatic Brain Injury in CCATT Patients Returning from Iraq/Afghanistan: 2001–2006.” She is now assigned to the School of Aerospace Medicine at Wright-Patterson Air Force Base in Ohio.

**LTC MeLisa Gantt, AN, USA,** recently graduated with a PhD in nursing from the University of Central Florida. Her dissertation was titled “The Effect of Combat Exercises on Cardiovascular

Response.” She is now assigned to the Nursing Research Service at Walter Reed Army Medical Center in Washington, D.C.

**MAJ Angelo Moore, AN, USA,** joined the Tripler Army Medical Center nursing research team in July after graduating from the University of North Carolina at Chapel Hill. His dissertation title was “The Influence of Contextual Characteristics, Individual Characteristics, and Health Behaviors on Patient Satisfaction for African American Men Treated for Prostate Cancer.”

**MAJ (P) Ann Nayback-Beebe, AN, USA,** recently graduated with a PhD in nursing from the University of Texas at Austin. Her dissertation title was

“Post-Deployment Social Support and Social Conflict in Female Military Veterans.” She is now assigned as the assistant chief of the Nursing Research Service at Brooke Army Medical Center in Texas.

**MAJ Meryia Throop, AN, USA,** signed into the Walter Reed Army Medical Center Nursing Research Service in June as a nurse scientist. Before reporting for duty, she completed her PhD in nursing at Catholic University of America. Her dissertation title was “After the Vaccine: Cervical Cancer Screening in Army Women.” MAJ Throop won the university’s Janet Rexrode Southby Prize in Nursing Research for her dissertation work.





## Col Bridges Guest Edits *AACN Advanced Critical Care*

Col Elizabeth Bridges, USAFR, NC, PhD, guest edited a symposium, Military Critical Care Nursing: From Point of Injury to Rehabilitation, on military critical care nursing across the care continuum in the July/September 2010 edition, volume 21, issue 3, of *AACN Advanced Critical Care*. The articles were written to capture the care of critically injured casualties from the point of injury and initial resuscitation to medical evacuation onboard a MEDEVAC helicopter and long-distance critical care air transport and on to definitive care in the United States. Additionally, an article summarizes current evidence-based lessons learned in the care of critically injured combat

casualties and the roles of the Joint Combat Casualty Research Team (JC<sup>2</sup>RT) and the Joint Theater Trauma System (JTTS) in facilitating the successful outcomes of the health care system from the point of injury through rehabilitation. This latter article reflects the contributions of many nurse researchers who have been members of the JC<sup>2</sup>RT and JTTS and whose own research contributes to the extraordinary outcomes for our wounded warriors. These articles are useful not only in summarizing current care but also in identifying areas for further research.

The authors' last names and the titles of the articles, listed in

the order of appearance, are as follows:

- Bridges, E. "Introduction"
- Bridges, E., Biever, K. "Advancing critical care: Joint Combat Casualty Research Team and Joint Theater Trauma System"
- Marshall, W. B. "Resuscitation of combat casualties: Unique challenges and lessons learned"
- Higgins, R. A. "MEDEVAC: Critical care transport from the battlefield"
- Lamb, D. "Measuring critical care air support teams' performance during extended periods of duty"
- McNeill, M. M. "7000 miles and 7 days from the battlefield" ★

## Research by Clinicians: An Innovative and Practical Approach

On 29–30 April 2010, the TSNRP Resource Center sponsored a 1.5-day seminar titled "Research Strategies for Clinicians." Dr. Marianne Chulay, who taught the course, is a nationally recognized nurse scientist with more than 25 years of experience assisting bedside clinicians to "accomplish the impossible"—namely, to simultaneously provide routine patient care and conduct research.

Dr. Chulay emphasized that it is essential for clinicians to ask and answer relevant clinical research questions to improve nursing care and maximize patient outcomes. She described approaches that clinicians can use to overcome barriers to conducting research in clinical settings. She shared proven strategies for

identifying ideal research ideas and questions, organizing the research team, developing a research protocol, obtaining institutional review board approval, collecting data with ease, and disseminating research findings through presentations and publications. Throughout the seminar, Dr. Chulay focused on pragmatic approaches to integrate the conduct of research into everyday clinical practice, providing numerous examples of clinician-led studies that have influenced nursing practice locally and nationally. Experienced military nurse scientists facilitated small-group discussions during which attendees brainstormed about research ideas relevant to their practice and used provided criteria to rate and prioritize potential research questions.

Col Marla De Jong, USAF, NC, TSNRP's Executive Director, encouraged attendees to apply for the Military Clinician-Initiated Research Award. This new TSNRP-funded research award supports military-relevant clinical research that is performed by nurses whose primary role is to provide direct patient care conducted in either an inpatient unit or an outpatient clinic of a single military medical facility.

Forty Army, Navy, and Air Force nurses attended the course. The enthusiastic responses of the participants are summarized by this quote from Col Margaret McNeill, USAF, NC: "Dr. Chulay gave many great practical tips on how to jump-start clinician research. Hearing her speak was a wonderful opportunity. Thank you, TSNRP!" ★

## Dr. Kenny and Dr. Jennings Guest Edit Special Issue of *Nursing Clinics of North America*

LTC (ret) Deborah J. Kenny, AN, USA, PhD

In 2008, during my tenure as TSNRP's Executive Director, I came to realize that uniformed nurses worldwide were involved in patient care scenarios that were similar to the civilian world yet unique in the populations they served. I listened to stories of uniformed nurses and recognized that they should be told in a public forum. Thus, the idea of a special issue of *Nursing Clinics of North America* was conceived. I contacted first the publishers of the journal, who were interested in such an issue, and then COL (ret) Bonnie Jennings, AN, USA, PhD, who was willing to work with me to help edit articles.

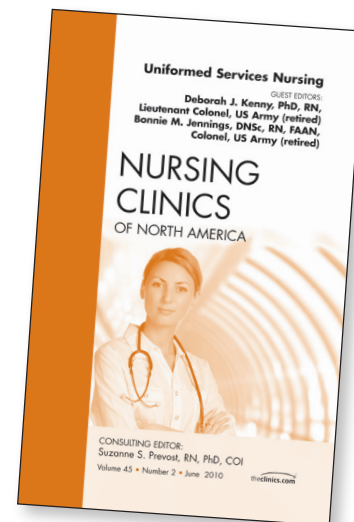
To have representation from all the uniformed services, we recruited authors from the Army, Navy, Air Force, and U.S. Public Health Service. I also had worked with Taiwanese military nurses who wanted to publish an article about their experience with the SARS epidemic and met two nurses from the Royal Air Force of Great Britain who had presented a study about the British air evacuation system.

We soon had 12 articles lined up for the issue. Many of the authors had not published previously; others were quite accomplished. Dr. Jennings and I worked to assist the authors with writing their articles, e-mailing back and forth between the authors, the publishers, and each other. Some of the articles were studies funded by TSNRP, some were informational, and some were poignant stories of military nurses' experiences. The Uniformed Services Nursing issue of *Nursing Clinics of North America* (volume 45,

number 2) was published in June 2010! Thanks to the efforts of many, the unique stories of these nurses have been conveyed.

The following are the authors' last names and the titles of the 12 articles, in order of appearance in the special issue.

- Kenny, D. J., Jennings, B. M. "Preface"
- Wilson, C., Brothers, M. "Iron Deficiency in Women and Its Potential Impact on Military Effectiveness"
- McCarthy, M. S., Loan, L. A., Azuero, A., Hobbs, C. "The Consequences of Modern Military Deployment on Calcium Status and Bone Health"
- Debisette, A., Martinelli, A. M., Couig, M. P., Braun, M. "US Public Health Service Commissioned Corps Nurses: Responding in Times of National Need"
- Knebel, A. R., Martinelli, A. M., Orsega, S., Doss, T. L., Balingit-Wines, A., Konchan, C. L. "Ground Zero Recollections of US Public Health Service Nurses Deployed to New York City in September 2001"
- Crumbley, D. R., Kane, M. A. "Development of an Evidence-Based Pressure Ulcer Program at the National Naval Medical Center: Nurses' Role in Risk Factor Assessment, Prevention, and Intervention Among Young Service Members Returning from OIF/OEF"
- Ross, M. C. "Military Nursing Competencies"
- Chou, T., Ho, L., Wang, K., Kao, C., Yang, M., Fan, P. "Uniformed Service Nurses' Experiences with the Severe Acute Respiratory Syndrome Outbreak and Response in Taiwan"
- Poole, K., Lacek, A. "Hard Labor: The Personal Experiences of Two Obstetric Nurses in Balad, Iraq"
- Steele, N. M., Ketz, A. K., Martin, K. D., Garcia, D. M., Womble, S., Wright, H. "Rewards and Challenges of Nursing Wounded Warriors at Landstuhl Regional Medical Center, Germany"
- Vane, E. A. P., Winthrop, T. G., Martinez, L. M. "Implementing Basic Infection Control Practices in Disaster Situations"
- Serio-Melvin, M., Yoder, L. H., Gaylord, K. M. "Caring for Burn Patients at the United States Institute of Surgical Research: The Nurses' Multifaceted Roles"
- Lamb, D. "The Documentation of Pain Management During Aeromedical Evacuation Missions"



LTC (ret) Deborah J. Kenny, AN, USA, PhD, is the associate dean of research and an associate professor at the Beth-El College of Nursing and Health Sciences at the University of Colorado at Colorado Springs. ★



## Published Articles by TSNRP Nurse Scientists

### 2007

**von Sadovszky, V., & Ryan-Wenger, N. A.** (2007). Army women's sexual health information needs. *J Obstet Gynecol Neonatal Nurs* 36(10), 348–357.

### 2008

**von Sadovszky, V., Ryan-Wenger, N. A.,** Germann, S., Evans, M., & Fortney, C. (2008). Army women's reasons for condom use and non-use. *Women's Health Issues* 18(3), 174–180.

### 2009

**Brewer, T., & Ryan-Wenger, N. A.** (2009). Critical Care Air Transport Team (CCATT) nurses deployed experience. *Mil Med* 174(5), 508–514.

Cusimano, E., Knight, A., Slusser, J., Clancy, R., & **Pierce, J.** (2009). Mitochondria: The hemi of the cell. *Adv Emerg Nurs J* 31(1), 46–54.

**Jennings, B. M.** (2009). Research on the care environment: Celebrating signs of success, posing questions to advance future investigations [Editorial]. *Res Nurs Health* 32(4), 361–365.

Lowe, N. K., Neal, J. L., & **Ryan-Wenger, N. A.** (2009). Accuracy of the clinical diagnosis of vaginitis compared with a DNA probe laboratory standard. *Obstet Gynecol* 113(1), 89–95.

### 2010

**Agazio, J.** (2010). Army nursing practice challenges in humanitarian and wartime missions. *Int J Nurs Pract* 16(2), 166–175.

**Agazio, J.,** & Buckley, K. (2010). Finding a balance: Health promotion challenges of military women. *Health Care Women Int* 31(9), 848–868.

Baernholdt, M., **Jennings, B. M.,** Merwin, E., & Thornlow, D. (2010). What does quality care mean to nurses in rural hospitals? *J Adv Nurs* 66(6), 1346–1355.

Burgert, J. M., Gegel, B. T., **Austin, R., III, Davila, A., Deeds, J., Hodges, L., Hover, A., Lockhart, C., Roy, J., Simpson, G., Weaver, S., Wolfe, W., & Johnson, D.** (2010). Effects of arterial blood pressure on rebleeding using Celox and TraumaDEX in a porcine model of lethal femoral injury. *AANA J* 78(3), 230–236.

**Cox, C. W.,** Relf, M. V., Chen, R., & **Zangaro, G. A.** (2010). The retention of recalled United States Navy nurse reservists. *Nurs Outlook* 58(4), 214–220.

Fry, L., Knight, A., Clancy, R., & **Pierce, J.** (in press). Understanding the effects of oxygen administration and hemorrhagic shock. *Nurs Crit Care*.

Gegel, B. T., Burgert, J. M., **Lockhart, C., Austin, R., III, Davila, A., Deeds, J., Hodges, L., Hover, A., Roy, J., Simpson, G., Weaver, S., Wolfe, W., & Johnson, D.** (2010). Effects of Celox and TraumaDEX on hemorrhage control in a porcine model. *AANA J* 78(2), 115–120.

Hagerty, B. M., **Williams, R. A., Bingham, M., & Richard, M.** (2010). Military nurses and combat casualty patients: A qualitative analysis of psychosocial care. *Perspect Psychiatr Care*. Published online: 27 Jul 2010.

**Jennings, B. M.** (2010). It takes a village to publish a manuscript in *Research in Nursing & Health* [Editorial]. *Res Nurs Health* 33(3), 175–178.

**Johnson, D.,** Gegel, B., Burgert, J., **Duncklee, G. W., Robison, R. R., Lewis, E. J., Crum, P. M., Kuhns, W., Moore, D., O'Brien, S., Elliott, J., Washington, J., Boyle, J., & Seigler, D.** (in press). Effects of the HEET garment in the prevention of hypothermia in a porcine model. *J Surg Res*.

Mach, W., Thimmesch, A., Orr, J., Slusser, J., & **Pierce, J.** (2010). Flow cytometry and laser scanning cytometry, a comparison of techniques. *J Clin Monit Comput* 24(4), 251–259.

**Mann, E. A.** (in press). Burn wound management: Burn wound care. In: D. Lynn-McHale Wiegand (Ed.), *AACN procedure manual for critical care (6th ed)*. St Louis: Saunders.

**Mann, E. A.** (in press). Burn wound management: Donor site care. In: D. Lynn-McHale Wiegand (Ed.), *AACN procedure manual for critical care (6th ed)*. St. Louis: Saunders.

**Mann, E. A.,** Wood, G. L., & Wade, C. E. (2010). Use of procalcitonin for the detection of sepsis in the critically ill burn patient: A systematic review of the literature. *Burns*, 2010. Published online: 26 May 2010.

**Padden, D.,** Connors, R. A., & **Agazio, J.** (in press). Determinants of health promoting behaviors in military spouses during deployment separation. *Mil Med*.



**Padden, D.**, Connors, R. A., & **Agazio, J.** (in press). Stress, coping, and well-being in military spouses during deployment separation. *West J Nurs Res*.

**Patrician, P. A., Loan, L., & McCarthy, M.** (in press). Towards evidence-based management: Creating an informative database of nursing-sensitive indicators. *J Nurs Scholarsb*.

**Patrician, P. A., Loan, L., McCarthy, M.**, Fridman, M., Donaldson, N., **Bingham, M.**, & **Brosch, L.** (in press). Nurse staffing and adverse events. *J Nurs Adm*.

Radwin, L., Cabral, H., Chen, L., & **Jennings, B.** (2010). A protocol for

capturing daily variability in nursing care. *Nurs Econ* 28(2), 95–105.

**Ryan-Wenger, N. A.**, Neal, J. L., Jones, A., & Lowe, N. L. (2010). Accuracy of vaginal symptom self-diagnosis algorithms for deployed military women. *Nurs Res* 59(1), 2–10.

**Trego, L. L.**, & Jordan, P. J. (2010). Military women's attitudes toward menstruation and menstrual suppression in relation to the deployed environment: Development and testing of the MWATMS-9 (Short Form). *Women's Health Issues* 20(4), 287–293.

Vinokur, A. D., **Pierce, P. F.**, Lewandowski-Romps, L., Hobfoll, S. E., & Galea, S. (in press). Effects of war exposure on Air Force personnel's mental health, job burnout and other organizational related outcomes. *J Occup Health Psychol*.

**Williams, A.**, Hagerty, B. M., Brasington, S., Clem, J., & Williams, D. A. (2010). Stress gym: Feasibility of deploying a web-enhanced behavioral self-management program for stress in a military setting. *Mil Med* 175(7), 487–493.

Wu, J. R., Lennie, T. A., **De Jong, M. J.**, Frazier, S. K., Heo, S., Chung, M. L., Moser, D. K. (2010). Medication adherence is a mediator of the relationship between ethnicity and event-free survival in patients with heart failure. *J Card Fail* 16(2), 142–149.

**Yoder, L. H., Nayback, A. M., & Gaylord, K.** The evolution and utility of the burn specific health scale: A systematic review. *Burns*. Published online: 10 Apr 2010.

### Media Mentions

The University of Michigan published a press release [www.ns.umich.edu/](http://www.ns.umich.edu/)

[htdocs/releases/story.php?id=7914](http://htdocs/releases/story.php?id=7914)) regarding TSNRP-funded research conducted by **CAPT (ret) Reg Williams, NC, USNR**, Dr. Bonnie Haggerty, **COL (ret) Mona Bingham, AN, USA**, and **CAPT Maggie Richard, NC, USN**. The study examined stress of military nurses and combat-wounded patients. WJR News Radio in Detroit, Michigan, also broadcast information about the study on 7 August 2010.

### Presentations

Fry, L., Knight, A., Clancy, R., & **Pierce, J.** (6 November 2008). "Lung and diaphragm hydrogen peroxide production and apoptosis following the administration of various fractional inspired oxygen concentrations post hemorrhagic shock." Fifth Annual Symposium on Intellectual Pursuit in Undergraduate Nursing, Kansas City, Missouri.

**Pierce, J.** (19 October 2009). "Treatment of diaphragm and lung apoptosis following hemorrhagic shock." University of Kansas Seminar in Physiology, Kansas City, Kansas.

**Pierce, J.**, Mach, W., Knight, A., Pierce, T., Slusser, J., & Clancy, R. (9–12 January 2010). "Lung and diaphragm hydrogen peroxide and apoptosis measurements following hemorrhagic shock and the administration of different fraction of inspired oxygen concentrations and dopamine." Society of Critical Care Medicine's 39th Critical Care Congress, Miami, Florida.

**Goetter, M. K.** (28 September 2010). "Developing transformational leadership in novice nurse managers." 2010 State of the Science Congress on Nursing Research, Washington, D.C.

### Staff on the Move at TSNRP

We extend a warm welcome to Donna Gentry, grants manager, who joined the staff in May 2010.

Debra Chambliss was promoted from grants management specialist to grants manager.

Pamela Moses was promoted from senior grants manager to program manager.



**CAPT Angelica Almonte, NC, USN**, is a finalist for a *NurseWeek's* 2010 Nursing Excellence Award. The Johnson & Johnson Campaign for Nursing's Future is the national sponsor of the awards, which recognize extraordinary contributions that registered nurses (RNs) make to their patients, each other, and the nursing profession. Nurses from around the country nominated RNs who make a difference in the profession every single day in six categories of awards: (1) Advancing and Leading the Profession, (2) Clinical Care, (3) Community Service, (4) Management, (5) Mentoring, and (6) Teaching. The nominees include staff nurses, nursing educators, vice presidents, and nurse executives who work in various settings, raise the bar for their peers, and improve the quality of life of patients. CAPT Almonte is one of five finalists in the California region nominated for the Mentoring Award. This particular award is presented to RNs who positively and professionally influenced, guided, and supported nurses and cultivated relationships that fostered the development of nurse colleagues. If selected as a regional winner, CAPT Almonte will compete for the national-level Mentoring Award.



The Army Medical Department (AMEDD) Center and School has recognized the evidence-based practice (EBP) class taught by **LTC (P) Sara Breckenridge-Sproat, AN, USA**, as "best practice" and has lauded it as the most comprehensive, clear, and pragmatic presentation on EBP. AMEDD has adopted LTC (P) Breckenridge-Sproat's class as the standard EBP instruction for the Army Nurse Corps Clinical Transition Program and will export her instruction to 11 transition sites. In addition,



CAPT Angelica Almonte

LTC (P) Breckenridge-Sproat's presentation on EBP and research to 45 joint junior and senior nursing leaders at the National Capital Region Magnet Conference was adopted as "best practice" and exported to joint health care facilities as the standard for instruction. Based on LTC (P) Breckenridge-Sproat's expertise not only in EPB but also as a leader, innovator, and teacher, the Army Nurse Corps selected her as champion for the Army Nurse Corps Evidence-Based Management Initiative, one of the four nurse corps-level imperative action teams of **MG Patricia Horoho, AN, USA**.



**MAJ Craig Budinich, AN, USA**, was awarded the Malcolm D. Carpenter Award for Excellence in the Fundamentals of Clinical Neuroscience. This award is presented to the student with the highest grade in the Head and Neck and Functional Neuroscience course at the Uniformed Services University of the Health Sciences. MAJ Budinich is the first graduate student to earn this honor as neuroscience students compete with medical students in the Clinical Head, Neck, and Functional Neuroscience course.



Congratulations to **CAPT Catherine Wilson Cox, NC, USNR**, for successfully completing the Certified Nurse Educator certification exam in July. Offered by the National League for Nursing, this certification recognizes excellence in the advanced specialty role of the academic nurse educator; enables nursing faculty to demonstrate expertise in this particular role; and communicates to students, peers, and the academic and health care communities that the highest standards of excellence are being met.



The American Association of Critical-Care Nurses presented **Col Marla De Jong, USAF, NC**, TSNRP's Executive Director, with the Flame of Excellence Award in May. This prestigious award honors an individual who has provided sustained contributions to acute and critical care nursing at a high level and with broad reach. Col De Jong was recognized for clinical work, leadership, research, involvement in professional organizations, and publications that have shaped military and civilian nursing practice, education, health care delivery, management, and policy.



**Col Marla De Jong, USAF, NC**, also was recognized as 1 of 50 outstanding alumni at the College of Nursing Alumni Association Homecoming Brunch in October. The event was one of several associated with the 50th anniversary celebration of the University of Kentucky College of Nursing.



**LTC Michael Schlicher, AN, USA**, was awarded the "Order of Military Medical Merit," a lifetime military award that recognizes excellence and promotes fellowship and

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## Kudos, *continued*

*continued from page 19*

esprit de corps among Army Medical Department (AMEDD) personnel. Membership in the Order denotes distinguished service, which is recognized by the senior leadership of the AMEDD, and is signified with the presentation of a sterling silver medallion on a maroon ribbon.

The Order of Military Medical Merit is a unique, private organization founded by the Commanding General of the U.S. Army Health Services Command in April 1982. Membership in the Order recognizes those individuals who have clearly demonstrated the highest standards of integrity and moral character, displayed an outstanding degree of professional competence, served in the AMEDD with selflessness, and made sustained contributions to the betterment of Army medicine. These individuals are generally considered to be in the top 10% of their corps and field. LTC Schlicher is chief of nursing research at Brooke Army Medical Center in San Antonio, Texas.



**COL Bruce Schoneboom, AN, USA**, was competitively selected to attend the National War College (NWC) in residence. NWC's mission is to educate future leaders of the Armed Forces, U.S. Department of State, and other civilian agencies for high-level policy, command, and staff responsibilities through a senior-level course of study in national security policy and strategy. The curriculum emphasizes the joint and interagency perspective with 75% of the student body composed of equal representation from the land, air, and sea (including Marine and Coast Guard) Services. The remaining 25% are drawn from the Department of State and other federal departments and agencies. In addition, international

fellows from a number of countries join the student body. COL Schoneboom has been selected to be a student sponsor for an international fellow from Bosnia.

The NWC curriculum provides grounding in national security strategy and policy, military strategy and operations focusing on the domestic and international contexts in which national security policy is developed, national security organizations and decision-making processes, and the formulation and implementation of military strategy. The Field Studies program, which is an integral part of the curriculum, builds throughout the year and culminates at the year's end with a multiple-day visit to a specific geographic region, based on the students' course of study, where students meet with key leaders, foreign affairs officials, and senior military commanders. The program allows NWC students to study first-hand their security concerns, military capabilities, and perceptions of U.S. policy. For his Field Studies program, COL Schoneboom has selected the areas of Central Asia and the Middle East.



**COL Bruce Schoneboom, AN, USA**, also was selected to receive the Association of Military Surgeons of the United States (AMSUS) Competitive Individual Professional Award for Nursing at the AMSUS Annual Meeting in Phoenix, Arizona. This award recognizes the accomplishments of a federal nurse who has made outstanding contributions as a clinician, researcher, educator, or health care manager. COL Schoneboom distinguished himself at the Uniformed Services University of the Health Sciences (USU) in a series of progressive leadership assignments, culminating as associate dean for academic affairs for the USU Graduate

School of Nursing. No other military leader in the history of the USU Graduate School of Nursing has had a more profound impact on school structure and graduate nursing education.



Congratulations to the following Army students and instructors from the U.S. Army Graduate Program in Nursing Anesthesia at Fort Sam Houston in San Antonio, Texas: **CPT Brian Cooley; CPT Jacob MacGregor; CPT Jules Myers; CPT Sean Calder; CPT Ralph Luellen; Brian Gegel, CRNA, MSN; James Burgert, CRNA, MSNA; LTC Michael Loughren, CRNA, PhD; and Don Johnson, RN, PhD.**

These individuals won first place at the American Association of Nurse Anesthetists Annual Meeting in Seattle, Washington, for their poster presentation titled "The Effects of BleedArrest on Hemorrhage Control in a Porcine Model."



Congratulations also to the following Air Force students and instructors from the U.S. Army Graduate Program in Nursing Anesthesia at Fort Sam Houston: **Maj Ann Neal; Capt Karl Kammer; Capt Martha Paul; Capt Daniel Schwartz; James Burgert, MSNA, CRNA; Brian T. Gegel, MSN, CRNA; and Don Johnson, RN, PhD.** These individuals were one of only six research teams invited to deliver a podium "State of the Science" presentation at the American Association of Nurse Anesthetists annual conference in Seattle, Washington. The title of their presentation was "The Effects of Arterial Blood Pressure on Rebleeding when BleedArrest, Celox and TraumaDEX are Used in a Porcine Model of Lethal Femoral Injury." ★